

New Jersey Department Environmental Protection
Water Supply Administration - Bureau of Safe Drinking Water
401 East State Street
P.O. Box #426
Trenton, New Jersey 08625-0426
Tel # 609-292-5550 - Fax# 609-292-1654

QUARTERLY COLIFORM ANALYSIS INPUT FORM

(Non-Community Systems - Ground Water Serving \leq 1,000 people)

BT

System Name _____
Address _____
City _____
State _____ Zip _____

PWS ID# _____
Laboratory ID # _____
Laboratory Name _____
Sampling Date (mm-dd-yy) _____
Period (Check one) ☐ 1st (Jan-March) ☐ 2nd (Apr-June) _____
☐ 3rd (July-Sept) ☐ 4th (Oct-Dec) _____

Number of Routine Coliform Samples:

Required _____; Taken _____; Testing Positive _____ Analysis Method _____

If Positive Results Occurred:

- A. Add Number of Total Coliform Samples Taken (Routine + Repeat) _____
B. Add Number of Total Coliform Samples Testing Positive (Routine + Repeat) _____
C. Percentage of Results Testing Positive (b/a) x 100 = _____%

FOR EACH POSITIVE RESULT, THE SAME SAMPLE MUST BE TESTED FOR E. COLI OR FECAL COLIFORM AND A SERIES OF REPEAT SAMPLES MUST BE TAKEN WITHIN A 24 HOUR PERIOD. READ THE BACK OF THIS FORM FOR MCL DETERMINATION.

REPEAT SAMPLES:

*In completing the form below, indicate **POSITIVE** results with a "P" and **NEGATIVE** results with an "N".*

No. <u>1.</u>	Total (P or N)	Date	Method	Fecal (P or N)	or E.Coli (P or N)	Date	Method
A. Original POSITIVE SAMPLE SITE LOC:							
B. Repeat - Original Tap LOC:							
C. Within 5 Services UPSTREAM LOC:							
D. Within 5 Services DOWNSTREAM LOC:							
E. Additional Sample (if taking only 1 sample/month) LOC:							

☐ Check here if additional repeat sampling sheets are attached.

I certify that these samples were collected in accordance with procedures approved by the New Jersey Department of Environmental Protection. Name _____

I certify that these samples were analyzed in accordance with procedures approved by the New Jersey Department of Environmental Protection. Name _____

Form Prepared by: _____ Owner/Operator or _____ Laboratory Phone No. (____) _____

Print Name

Signature

____/____/____
Date

MCL DETERMINATION

If the total number of samples testing positive for Total Coliform (Line "b") is greater than 1 then the MCL has been exceeded.

If the MCL has been exceeded, the Bureau of Safe Drinking Water (609) 292-5500 must be notified by the end of the next business day and a Public Notification must be issued within 14 days.

ACUTE MCL DETERMINATION

An acute MCL occurs when:

A routine sample tests positive for E. coli or Fecal Coliform and the repeat sample tests positive for Total Coliform

OR

A repeat sample tests positive for E. coli or Fecal Coliform.

The Bureau of Safe Drinking Water (609) 292-5550 must be notified before the end of same business day, or by the end of the next business day if the detection occurs after the close of business for the state, and a Public Notification must be issued by Radio or Television within 72 hours.

IMPORTANT

If any sample tests positive for Total Coliform, the system must take at least 5 routine samples the following month.

ANALYSIS METHOD CODES

- 303 T. Coli Membrane Filter
- 305 T. Coli Fermentation Tube
- 307 T. Coli Presence-Absence (PA)
- 309 T. Coli (MMO-MUG)
- 315 F. Coli (Total Coli Positive Into EC Medium)
- 317 F. Coli (EC Medium + MUG)
- 319 F. Coli (Nutrient Agar + MUG)
- 321 F. Coli (ONPG - MUG) (Auto Analysis Colilert)